

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

MARRIAGE AND FAMILY THERAPIST LICENSE/TRAINING LICENSE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
Ethnic/gender status information is optional.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

PROFESSIONAL EDUCATION (schools, locations, degrees and date of graduation)

SCHOOL	LOCATION	DEGREE	DATE OF GRADUATION (M/D/Y)

☐ Check box and "Training License" below if you wish to apply for an MFT training license.

APPLICATION FEES Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application.)

____ Training License
\$ 53.00 Total Required Fee Attached

Training License Optional Fees

____ \$ 57.00 Wisconsin Statute and Rule Exam Fee
____ \$ 15.00 AMFTRB Exam Contract Fee

Temporary License

\$ 10.00 Temporary License Fee
\$ 57.00 Wisconsin Statute and Rule Exam Fee (This fee is not required if paid with the MFT Licensure option.)
\$ 67.00 Total Fee Attached

MFT Licensure

\$ 53.00 Initial Credential Fee
\$ 57.00 Wisconsin Statute and Rule Exam Fee
\$ 15.00 AMFTRB Exam Contract Fee
\$125.00 Total Fee Attached

Reciprocity: (Individuals who hold a credential in another state or jurisdiction)

\$ 76.00 Reciprocal Fee
\$ 57.00 Wisconsin Statute and Rule Exam Fee
\$133.00 Total Fee Attached

For Receipting Use Only

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APPLICATION TO BE REVIEWED ACCORDING TO THE FOLLOWING CRITERIA: (check one)

- ☐ I hold a master's or doctoral degree or a post masters certificate in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. (Forward "Marriage and Family Therapists Certificate of Professional Education" (Form # 1972) in this package.)
- ☐ I hold a master's or doctoral degree in a field substantially equivalent to marital and family therapy and have successfully completed and received academic credit for course work at an accredited institution or a regionally accredited college or university, which meets the criteria stated in MPSW 16.02(1), and (2). (Must complete "Marriage and Family Therapist Curriculum Requirements" (Form # 2238) in this package. Submit transcripts and course descriptions.)
- ☐ I have been admitted to clinical membership in the American Association for Marriage and Family Therapy and wish to be considered for licensure upon the section's review of my clinical membership documentation which will be submitted directly to the section from AAMFT. (It is your responsibility to contact AAMFT and request them to forward the verification form.)
- ☐ I will submit satisfactory proof to the marriage and family therapist section that I am enrolled or will be enrolled in a post-graduate institute for marriage and family therapy that is approved by the commission on accreditation for marriage and family therapy education of the American Association for Marriage and Family Therapy or by the marriage and family therapist section.
- ☐ I hold a graduate degree in a mental health field approved by the marriage and family therapist section and I am enrolled or will be enrolled in a master's or doctoral degree program in marriage and family therapy accredited by the commission on accreditation for marriage and family therapy education or by the marriage and family therapist section.

IF YOU ARE CREDENTIALLED AS A MARRIAGE AND FAMILY THERAPIST ELSEWHERE:

I am credentialed in the following states or territories:

You are required to have each state board or territory of the United States in which you have ever been credentialed submit verification (form #2572) to the Marriage and Family Therapy Section. The verification must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. If your credential was obtained without having taken a national exam or its equivalent, you may not be eligible for licensure by reciprocity in Wisconsin.

PLEASE CHECK ONE:

- ☐ I need to take the AMFTRB Examination.
- ☐ I have taken and passed the AMFTRB Examination.

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ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, national board examination, or AMFTRB examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice marriage and family therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate diagnoses and exercise reasoned marriage and family therapy judgments and to learn and keep abreast of marriage and family therapy developments; and
2. The ability to communicate those judgments and marriage and family therapy information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform marriage and family therapy tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

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"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 11. Do you have a medical condition which in any way impairs or limits your ability to practice marriage and family therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your use of chemical substance(s) in any way impair or limit your ability to practice marriage and family therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my license or other disciplinary action. I also understand that if I am issued a license, failure to comply with the laws or rules of either the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

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ADDENDUM TO APPLICATION

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.